

AETNA DENTAL HIGH PLAN

\$75 Individual
\$225 Family

CALENDAR YEAR
DEDUCTIBLE

\$1,750

ANNUAL PER PERSON
MAXIMUM

\$2,000

LIFETIME ORTHODONTIC
MAXIMUM

TYPE OF SERVICE

*IN-NETWORK COINSURANCE RATES

PREVENTATIVE

100%

CLEANINGS, DENTAL X-RAYS, FLUORIDE, SOME SEALANT WORK

BASIC

80%

ROOT CANAL THERAPY, AMALGAMS, COMPOSITE FILLINGS, STAINLESS STEEL CROWNS, UNCOMPLICATED EXTRACTIONS, GENERAL ANESTHESIA/INTRAVENOUS SEDATION

MAJOR

50%

INLAY, ONLAY, CROWNS, FULL AND PARTIAL DENTURES, PONTICS, DENTURE REPAIRS AND CROWN BUILD-UPS

ORTHODONTIC

50%

COVERED FOR DEPENDENTS ONLY, UNDER THE AGE OF 26

*PERCENTAGES ARE SHOWN AS IN-NETWORK RATES

AETNA DENTAL LOWPLAN

\$50 Individual
\$150 Family

CALENDAR YEAR
DEDUCTIBLE

\$1,250

ANNUAL PER PERSON
MAXIMUM

\$1,000

LIFETIME ORTHODONTIC
MAXIMUM

TYPE OF SERVICE

*IN-NETWORK COINSURANCE RATES

PREVENTATIVE

100%

CLEANINGS, DENTAL X-RAYS, FLUORIDE, SOME SEALANT WORK

BASIC

80%

ROOT CANAL THERAPY, AMALGAMS, COMPOSITE FILLINGS, STAINLESS STEEL CROWNS, UNCOMPLICATED EXTRACTIONS, GENERAL ANESTHESIA/INTRAVENOUS SEDATION

MAJOR

50%

INLAY, ONLAY, CROWNS, FULL AND PARTIAL DENTURES, PONTICS, DENTURE REPAIRS AND CROWN BUILD-UPS

ORTHODONTIC

50%

COVERED FOR DEPENDENTS ONLY, UNDER THE AGE OF 26

*PERCENTAGES ARE SHOWN AS IN-NETWORK RATES

AETNA DENTAL PREVENTATIVE PLAN

\$50 Individual
\$150 Family

CALENDAR YEAR
DEDUCTIBLE

\$750

ANNUAL PER PERSON
MAXIMUM

NA

LIFETIME ORTHODONTIC
MAXIMUM

TYPE OF SERVICE

*IN-NETWORK COINSURANCE RATES

PREVENTATIVE

100%

CLEANINGS, DENTAL X-RAYS, FLUORIDE, SOME SEALANT WORK

BASIC

80%

, AMALGAMS, COMPOSITE FILLINGS, STAINLESS STEEL CROWNS, UNCOMPLICATED
EXTRACTIONS, GENERAL ANESTHESIA/INTRAVENOUS SEDATION

MAJOR

NOT COVERED

INLAYS, ONLAYS, CROWNS, FULL AND PARTIAL DENTURES, PONTICS, DENTURE
REPAIRS AND CROWN BUILD-UPS

ORTHODONTIC

NOT COVERED

*PERCENTAGES ARE SHOWN AS IN-NETWORK RATES